

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		12-4-01
O.I.P.E. CLASSIFIER	DN	32	12/17
FORMALITY REVIEW	CK	1109	1-09-02
RESPONSE FORMALITY REVIEW	AM	917	04-05-02

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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Je 1109

617  
 1-10-02  
 851  
 05/15/01